

**CIT 2015**
**Regional  
Conference**  
Vancouver, WA
**CIT REGIONAL CONFERENCE****REGISTRATION APPLICATION-UPDATED****September 14-16, 2015, Hilton Vancouver, Washington****REGISTRATION DEADLINE:****September 3, 2015**
**INCOMPLETE APPLICATIONS  
WILL NOT BE ACCEPTED**
**PLEASE TYPE OR PRINT LEGIBLY**

APPLICATION MAY BE SUBMITTED VIA FAX OR EMAIL

FAX: 206-835-7953

E-MAIL: [citregistrar@cjtc.state.wa.us](mailto:citregistrar@cjtc.state.wa.us)**DO NOT SUBMIT PAYMENT WITH APPLICATION**

|   |  |  |   |        |
|---|--|--|---|--------|
| LAST NAME   |  | FIRST NAME   |   | MIDDLE |
| AGENCY/DEPARTMENT/BUSINESS NAME                       |  |  | RESOURCE/CHARITY/SCHOOL NAME (if applicable)  |        |
| EMAIL ADDRESS   |  | ATTENDING FOR BUSINESS/RESOURCE OR AS INDIVIDUAL<br><input type="checkbox"/> BUSINESS/RESOURCE <input type="checkbox"/> INDIVIDUAL |   |        |
| CURRENT RANK/POSITION (if applicable)                 |  | SOCIAL SECURITY NUMBER OR COUNTRY ID (last four digits only)   |   |        |
| BILLING CONTACT NAME                                  |  | BILLING TELEPHONE NUMBER   | BILLING FAX NUMBER  |        |
| BILLING ADDRESS, CITY, STATE (PROVINCE), ZIP, COUNTRY |  |  |   |        |
| BILLING CONTACT EMAIL ADDRESS                         |  |  | CONFERENCE T-SHIRT SIZE:  |        |
| SIGNATURE OF APPLICANT                                | SUPERVISOR NAME                        |  | CIT PROGRAM COORDINATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>CIT TEAM MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>CIT PROGRAM NAME: |        |
| DATE  | SUPERVISOR EMAIL FOR REGISTRATION COPY |  |   |        |

**LODGING, MEALS, & REGISTRATION FEES**

| Select All That Apply   | Fee   | Selection  |
|---|---|--|
| <b>ATTENDEE REGISTRATION FEE</b><br>(conference t-shirt included in registration fee)   | \$100   | <input type="checkbox"/>   |
| <b>DAILY REGISTRATION FEE</b><br>(only able to attend one or two days of conference)  | \$40/day<br>(check all that apply)  | <input type="checkbox"/> Monday<br><input type="checkbox"/> Tuesday<br><input type="checkbox"/> Wednesday    |
| <b>LODGING</b><br>Host Hotel: Hilton Vancouver, Washington – <b>Sold Out!</b><br>Conference Dates: September 14-16, 2015<br>Optional registration check-in:<br>Sunday, September 13, 2015, 3:00 – 6:00 PM PST<br><a href="http://www.cithappens.com">www.cithappens.com</a> | \$137/night* + tax<br>Conference Block<br>*Responsibility of the attendee<br><b>See website for options</b> | YES <input type="checkbox"/> NO <input type="checkbox"/><br><br>Planned<br>Check in Date:<br>Check out Date: |
| <b>CIT 2015 AWARDS DINNER BANQUET</b> (Hilton-Vancouver, WA) - buffet includes vegetarian options   | \$25  | <input type="checkbox"/>   |
| <b>CIT 2015 AWARDS DINNER BANQUET GUEST TICKET</b><br>(spouse or guest)   | \$25  | <input type="checkbox"/>   |
| Gluten Free meal requested - applicant (entire conference)  |   | <input type="checkbox"/>   |
| Gluten Free meal requested – spouse/guest (dinner banquet)  |   | <input type="checkbox"/>   |

**CONFIRMATION & BILLING:** AGENCIES/INDIVIDUALS WILL RECEIVE CONFERENCE CONFIRMATION & INVOICE UPON PROCESSING OF APPLICATION AFTER REGISTRATION DEADLINE. PAYMENT INSTRUCTIONS WILL BE PROVIDED WITH INVOICE.

**CANCELLATIONS:** THE FULL CONFERENCE FEE AS NOTED ON APPLICATION WILL BE CHARGED FOR NO SHOW'S AND CANCELLATIONS LESS THAN 7 BUSINESS DAYS.